RI SOS Filing Number: 200943436980 Date: 02/27/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(a)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
75861	Olympic Home Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
759 Steere Farm Road	Pascoag	RI	02859

4. Business Phone No.	5. State of Incorporation
(401) 568-3060	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Home inspections and yard maintenance.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Robert G. Boyd	Susan E. Boyd
Street Address: 759 Steere Farm Road	Street Address: 759 Steere Farm Road
City: Pascoag / State: RI / Zip: 02859	City: Pascoag / State: RI / Zip: 02859
Secretary Name	**Treasurer Name**
Robert G. Boyd	Susan E. Boyd
Street Address: 759 Steere Farm Road	Street Address: 759 Steere Farm Road
City: Pascoag / State: RI / Zip: 02859	City: Pascoag / State: RI / Zip: 02859

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Robert G. Boyd	Susan E. Boyd
Street Address: 759 Steere Farm Road	Street Address: 759 Steere Farm Road
City: Pascoag / State: RI / Zip: 02859	City: Pascoag / State: RI / Zip: 02859
Director Name	**Director Name**
None	None
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 Shares	Common	No-Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 2/14/09

Robert G. Boyd
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 27 2009
By: By
FOR SECRETARY OF STATE USE ONLY

31472-18-353559

Form 630 Rev. 08/08